

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38578

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Proberly

Primary Registration District No. 3034

City Proberly (No. 823 S. Williams)

File No. 228

Registered No. 228

St. ... Ward ...

2. FULL NAME

(a) Residence, No. 823 S. Williams St. Ward ...

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12th 1855

7. AGE YEARS 81 MONTHS 10 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Isaac Sinclair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Sten Barnes (ADDRESS) Proberly Mo

18. BURIAL, CREMATION OR REMOVAL PLACE MT Pleasant DATE Oct 14th 1937

19. UNDERTAKER Mahan and Son (ADDRESS) Proberly Mo

20. FILED Oct 14, 1937 Ethel Colton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 37, to Oct 12, 1937

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 540 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) Date of onset

Other contributory causes of importance:

Chronic nephritis
old age

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) H. C. Gray M. D.

(Address) Proberly Mo.

